PDTA testa-collo
13.5.23

Imaging ecografico: i limiti

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Table 1 **Sonographic features of benign and malignant neck nodes**

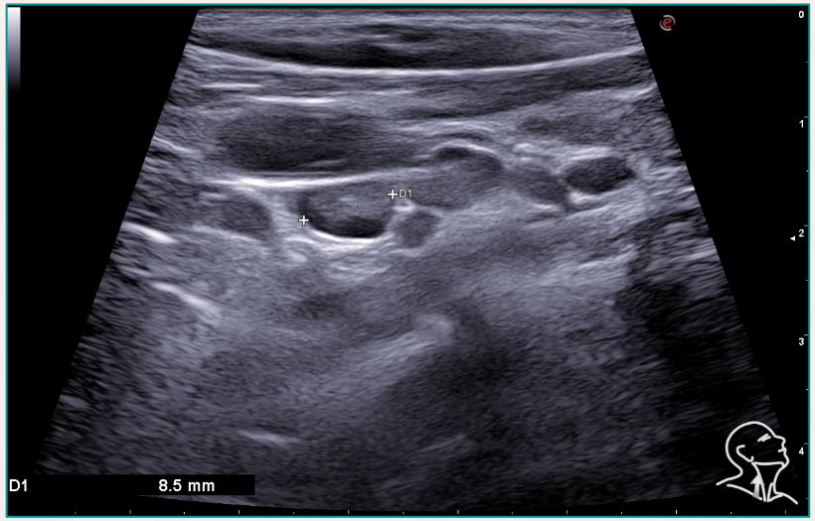
Sonographic features	Benign nodes	Malignant nodes
Size	Persistent or slight changes in serial examinations	Increase in serial examinations
Shape	Elliptical (S/L <0.5)	Round (S/L >0.5)
Nodal border	Unsharp	Sharp. Proven malignant nodes with unsharp borders indicate extracapsular spread
Echogenic hilus	Present	Absent
Echogenicity	Hypoechoic	Hyperechoic in metastatic nodes from papillary thyroid carcinoma. Other malignant nodes tend to be hypoechoic
Intranodal reticulation	Absent	Common in lymphomatous nodes
Intranodal calcification	Absent	Punctate and peripherally located calcification is common in metastatic nodes from papillary thyroid carcinoma
Intranodal cystic necrosis	Common in tuberculous nodes	Common in metastatic nodes from papillary thyroid carcinoma and squamous cell carcinoma
Matting	Common in tuberculous nodes	May be found in patients with previous neck radiation therapy
Adjacent soft tissue oedema	Common in tuberculous nodes	May be found in patients with previous neck radiation therapy. May be found in malignant nodes with extracapsular spread
Intranodal vascular pattern	Hilar vascularity or apparently avascular	Peripheral or mixed vascularity
Stiffness	Soft	Hard

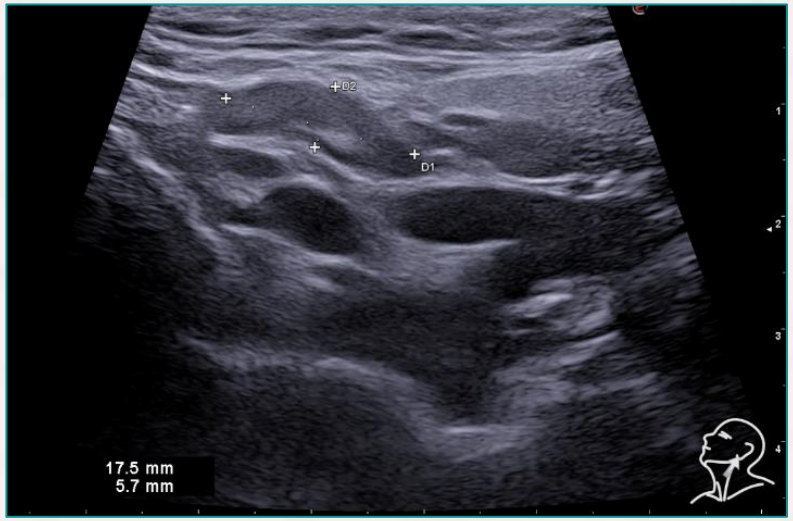
In patients with a known primary tumor, the specific ***distribution*** of metastatic nodes in the neck helps to identify metastases and aids tumor staging

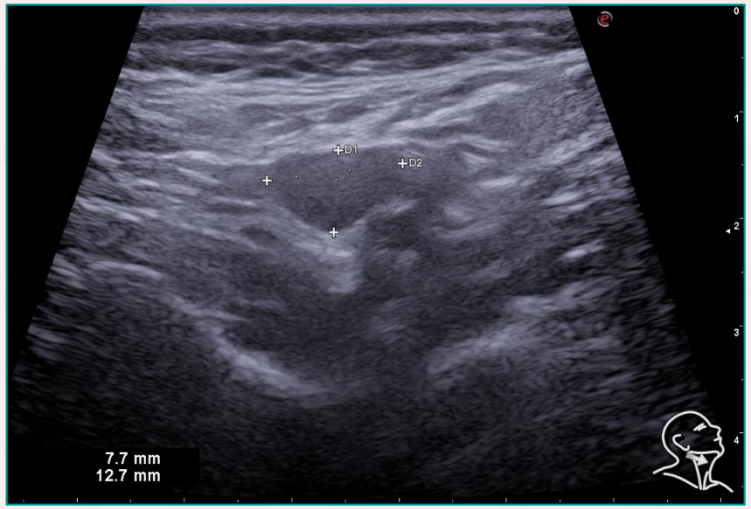
Review of ultrasonography of malignant neck nodes: greyscale, Doppler, contrast enhancement and elastography

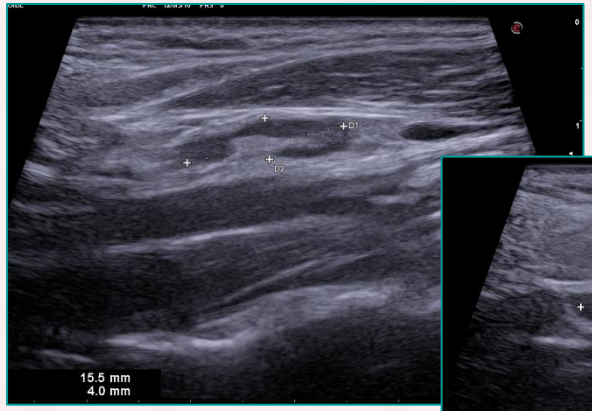
M. Ying[a], K.S.S. Bhatia[b], Y.P. Lee[b], H.Y. Yuen[b], A.T. Ahuja[b]

Linfonodi reattivi

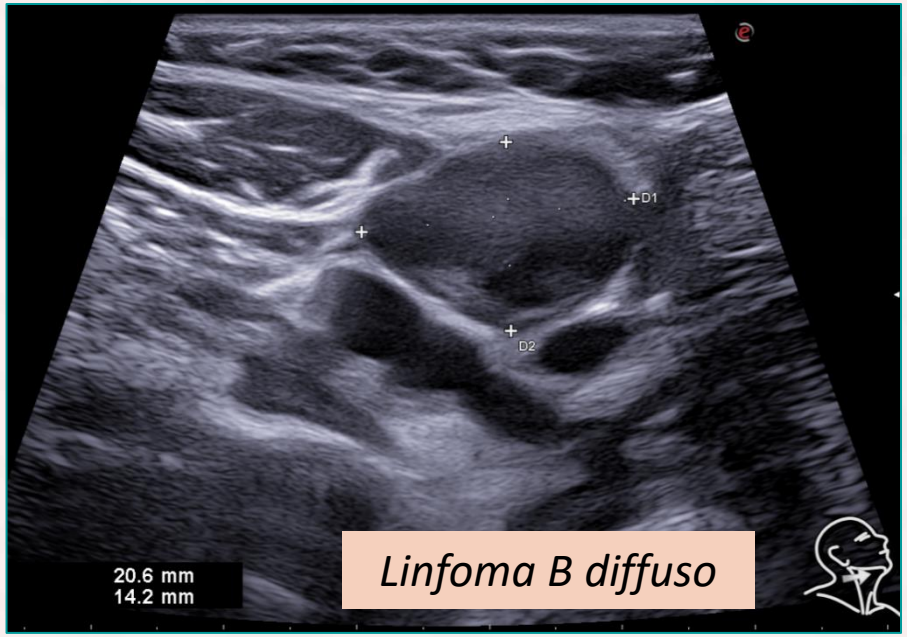


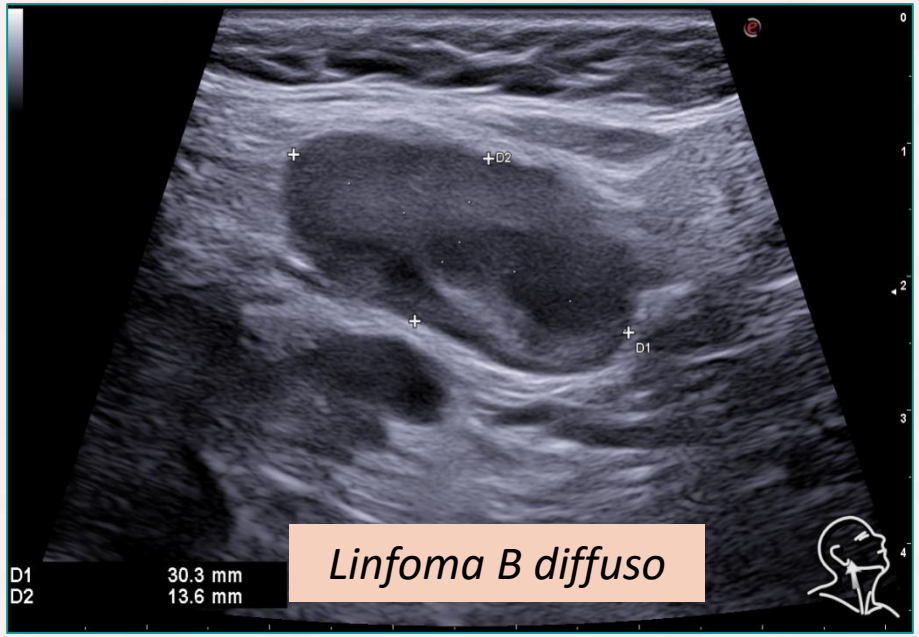


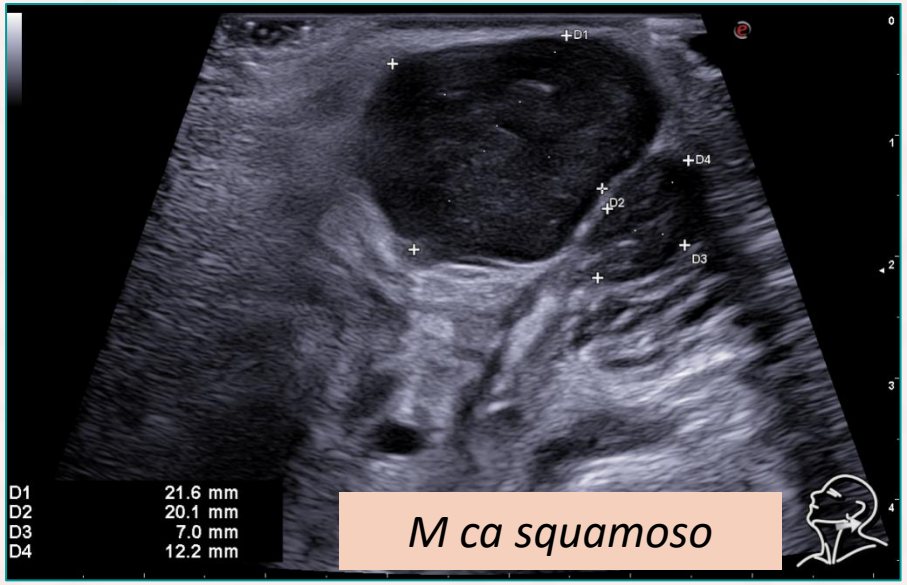


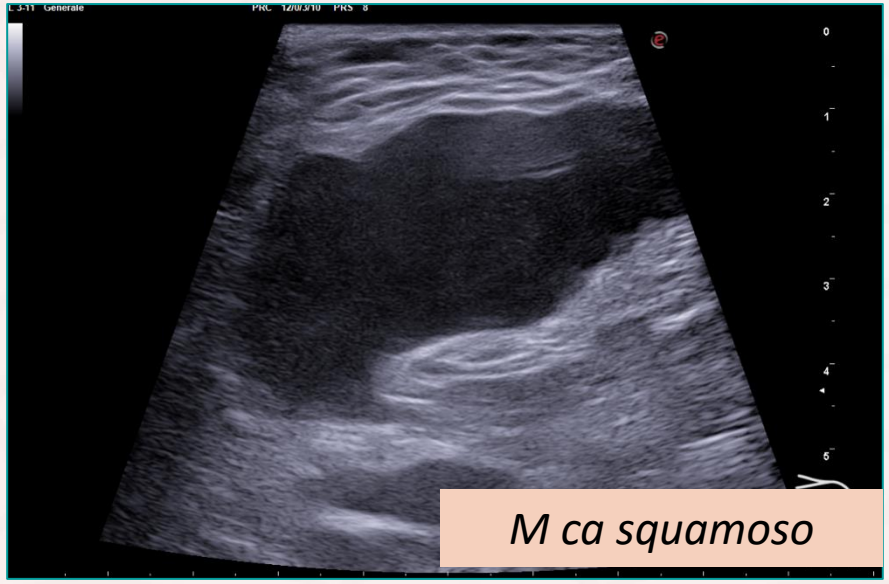


Linfonodi patologici

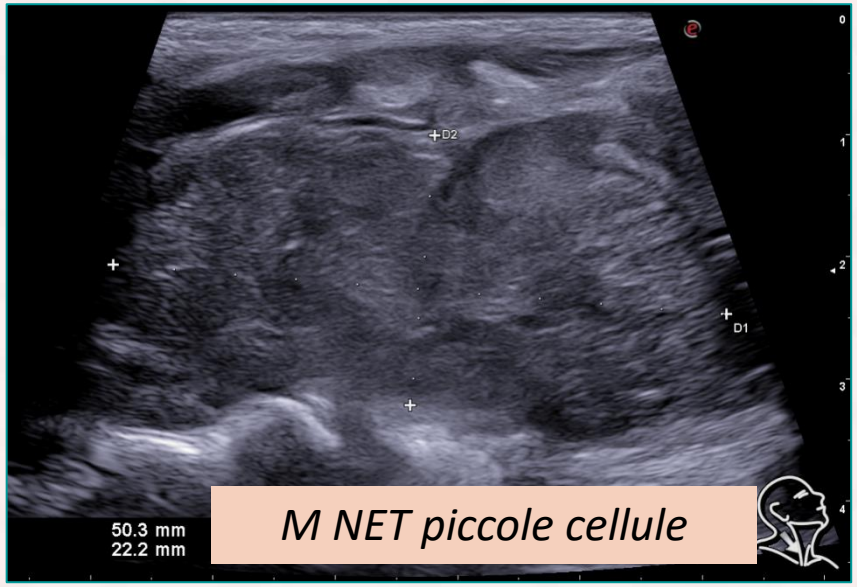




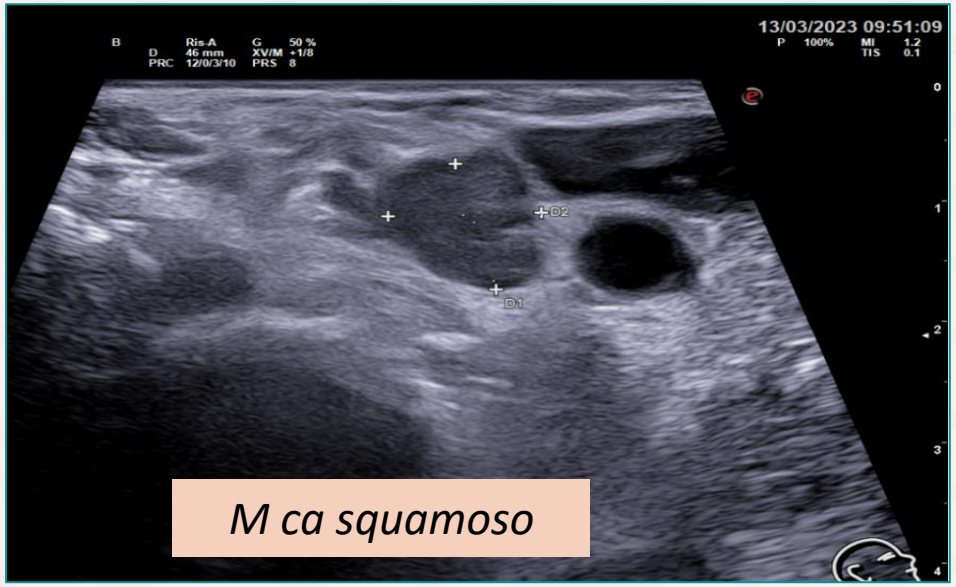




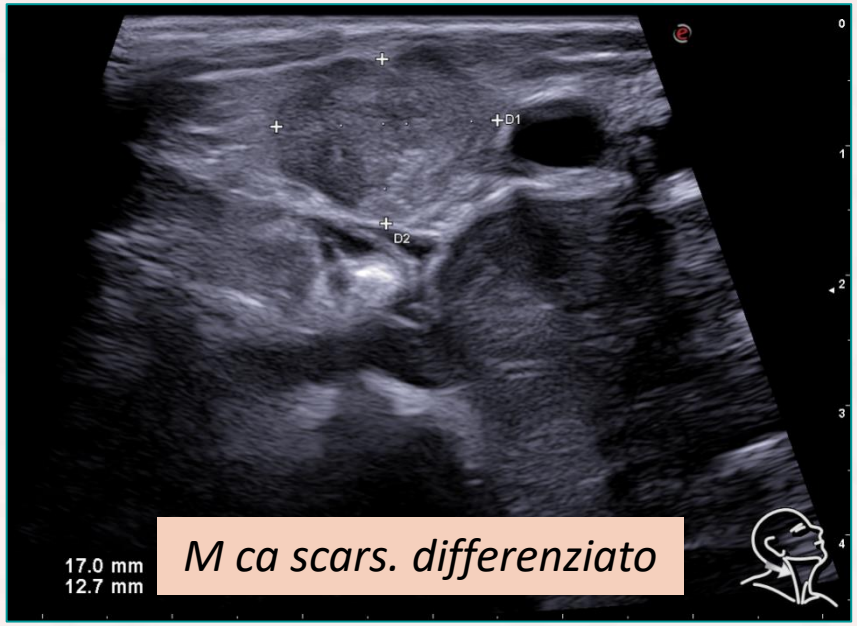
Linfonodi patologici



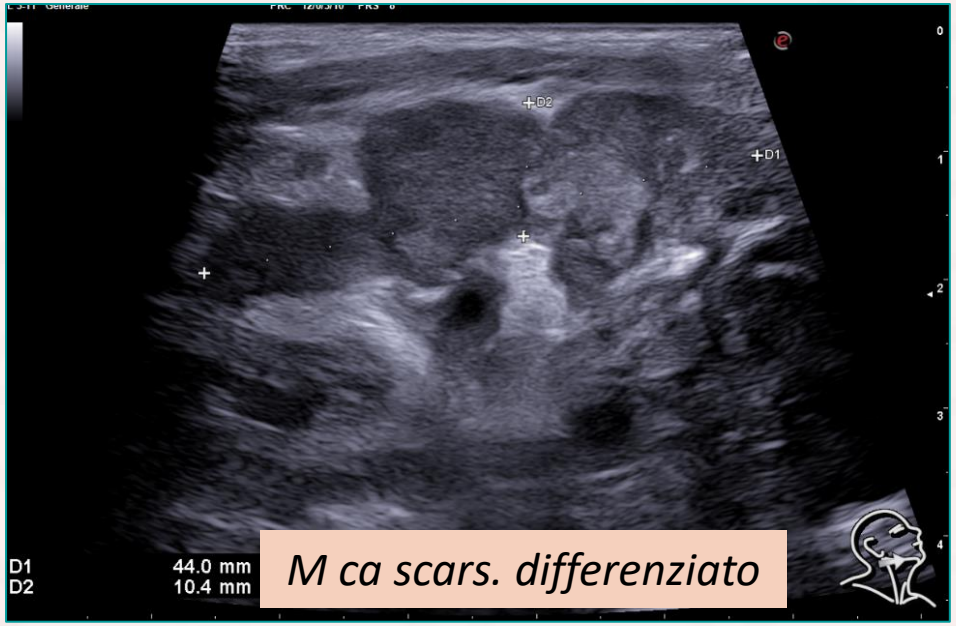
M NET piccole cellule



M ca squamoso

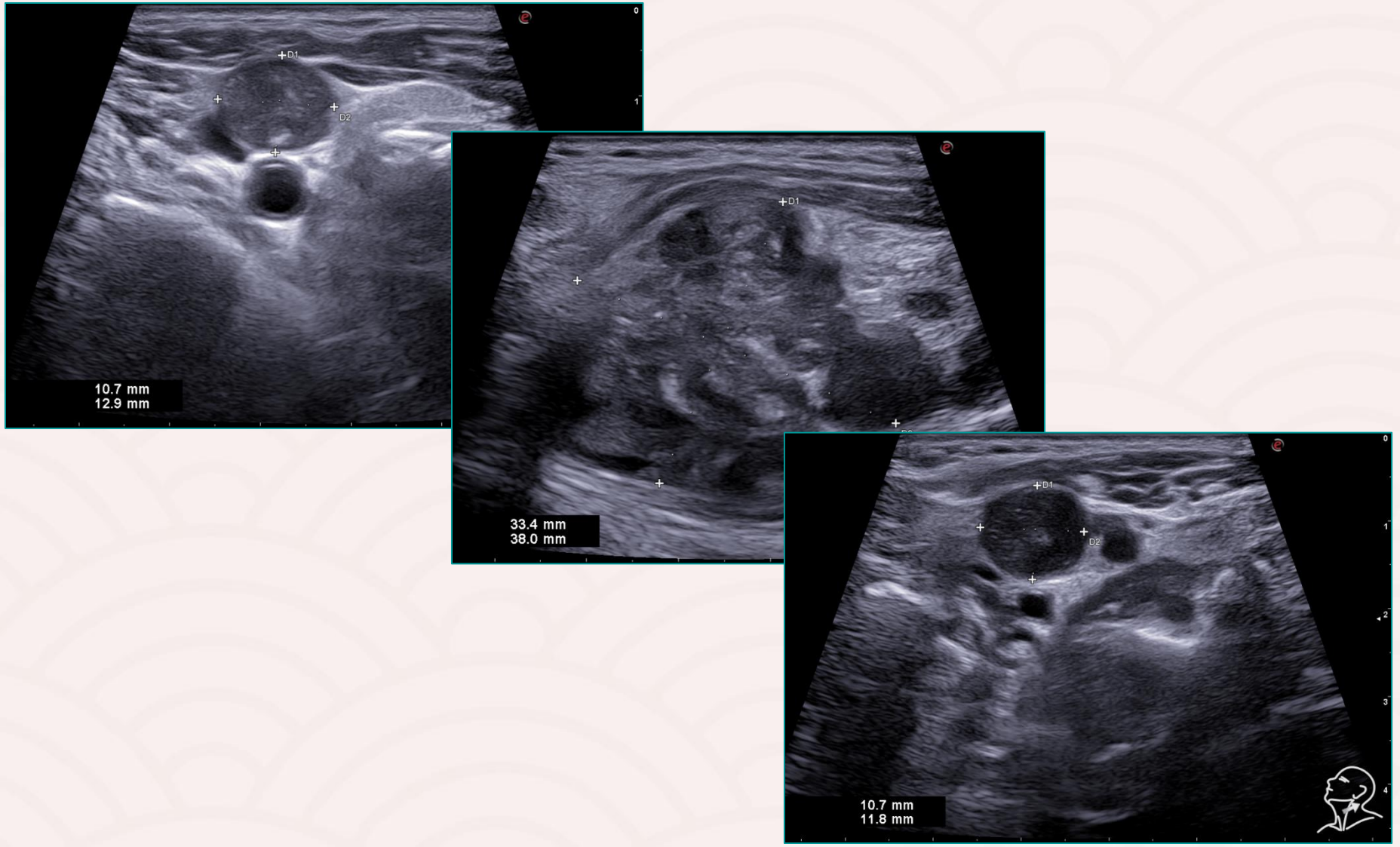


M ca scars. differenziato



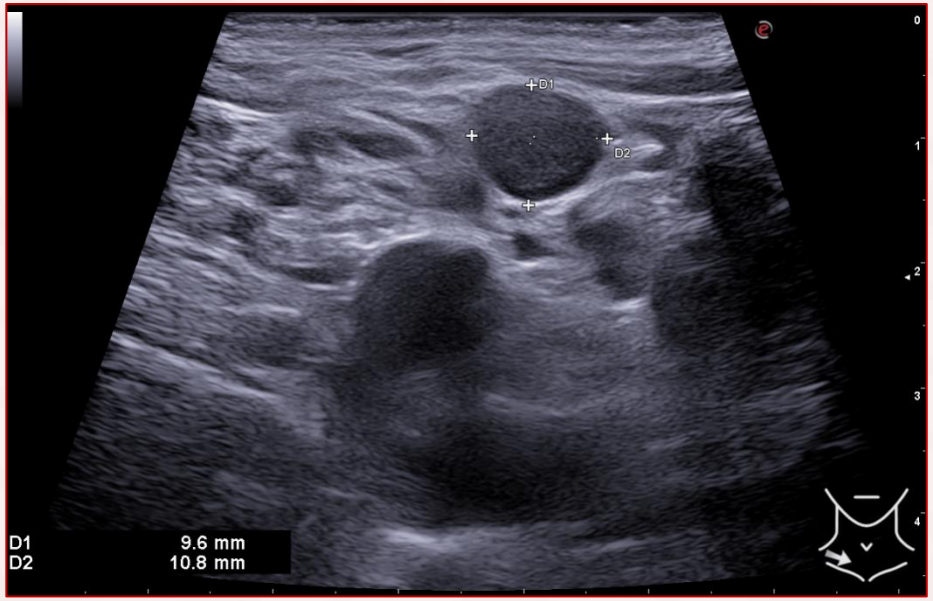
M ca scars. differenziato

Linfonodi patologici: indice di Solbiati <2



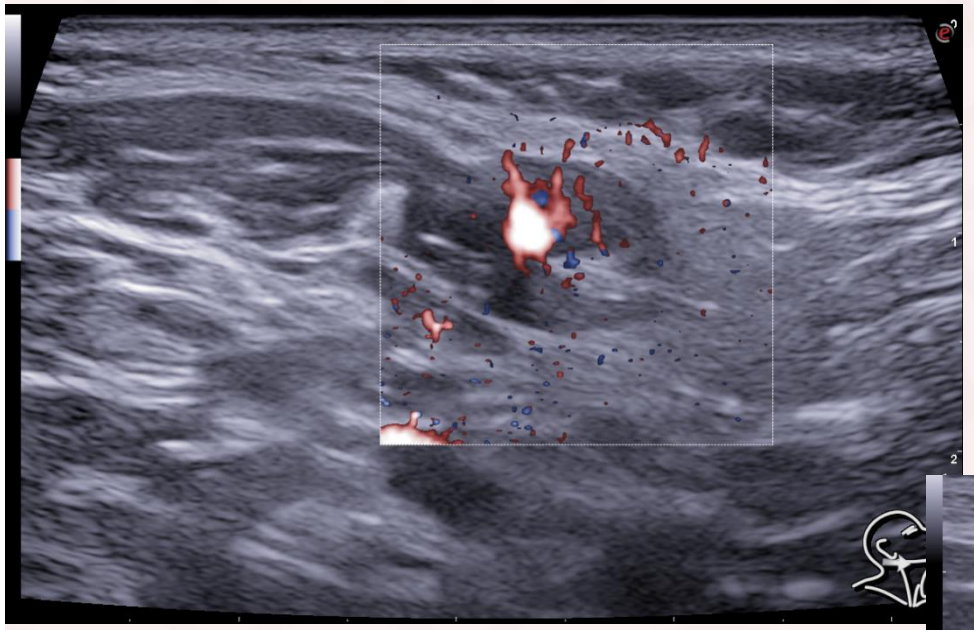
Linfonodi patologici: sede

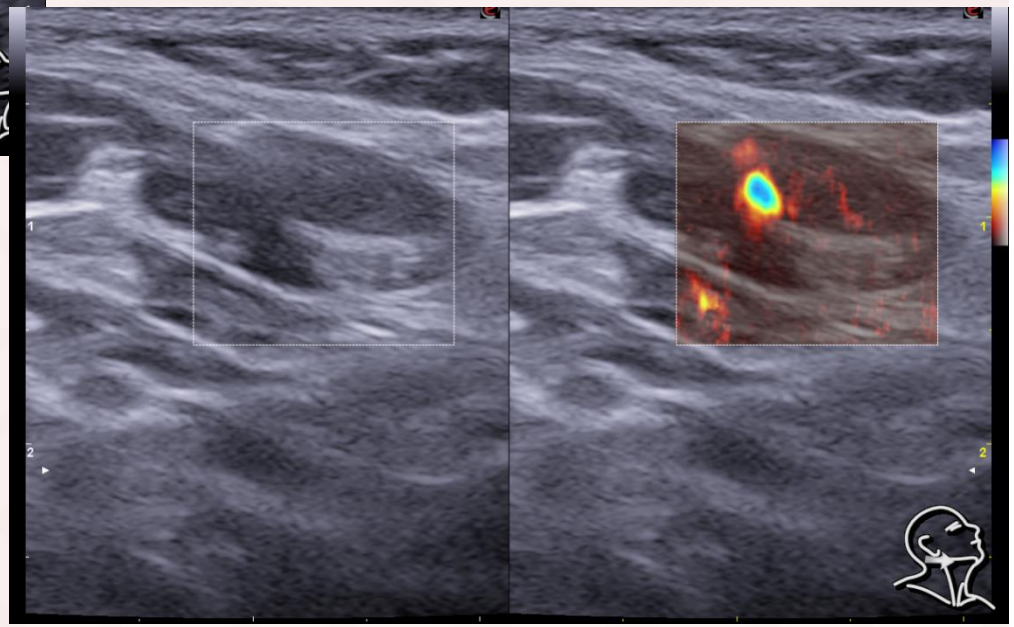
M mammella



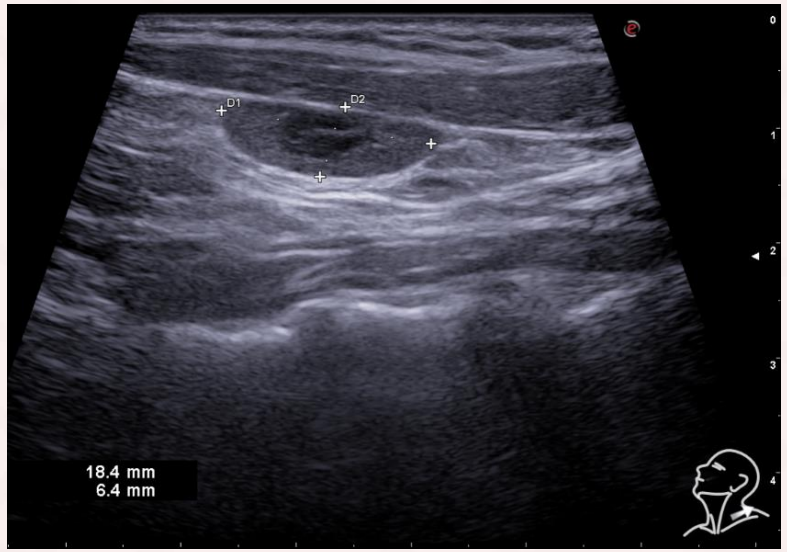
M microcitoma

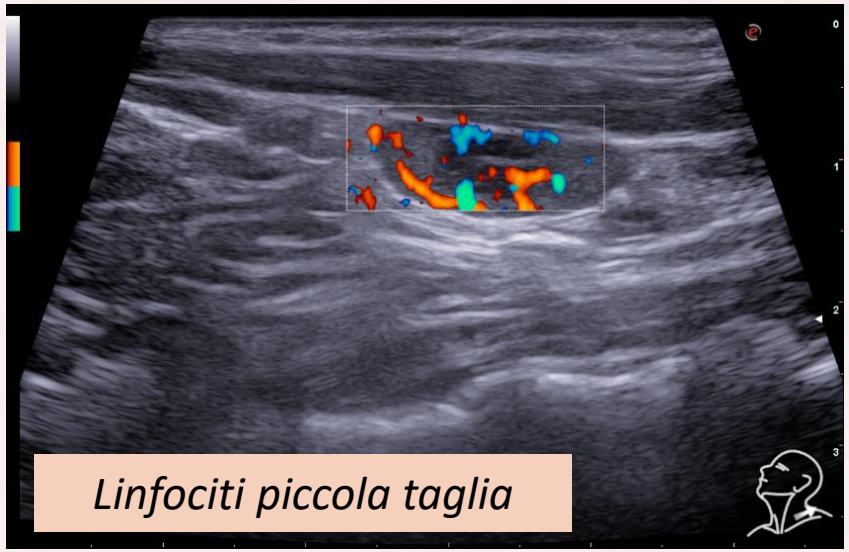
Doppler?

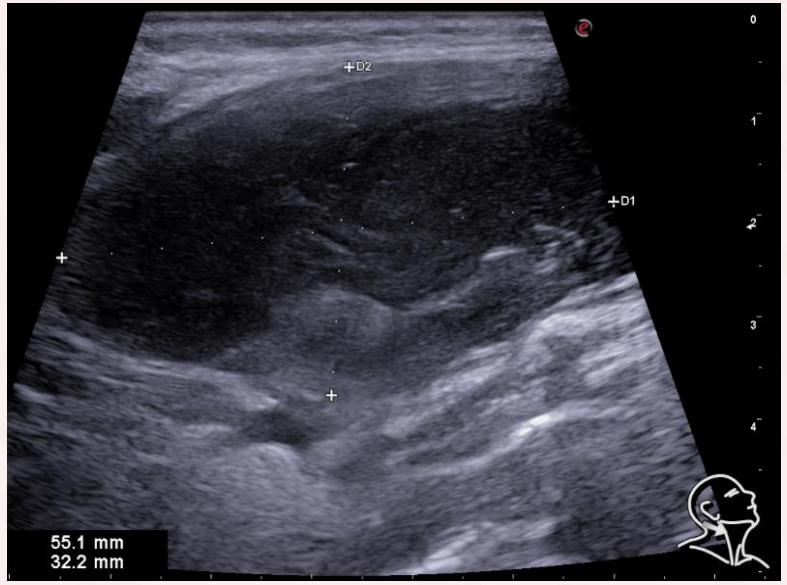


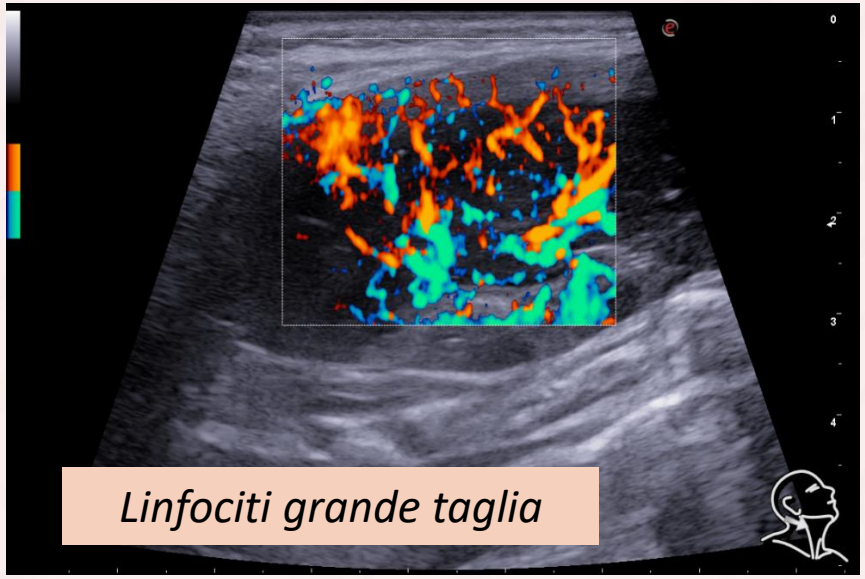


Doppler?


D1
D2
18.4 mm
6.4 mm


Linfociti piccola taglia


D2
D1
55.1 mm
32.2 mm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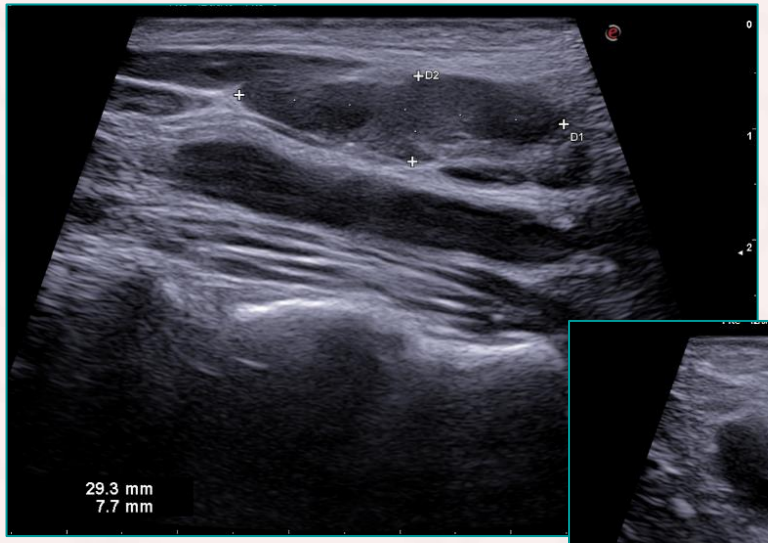
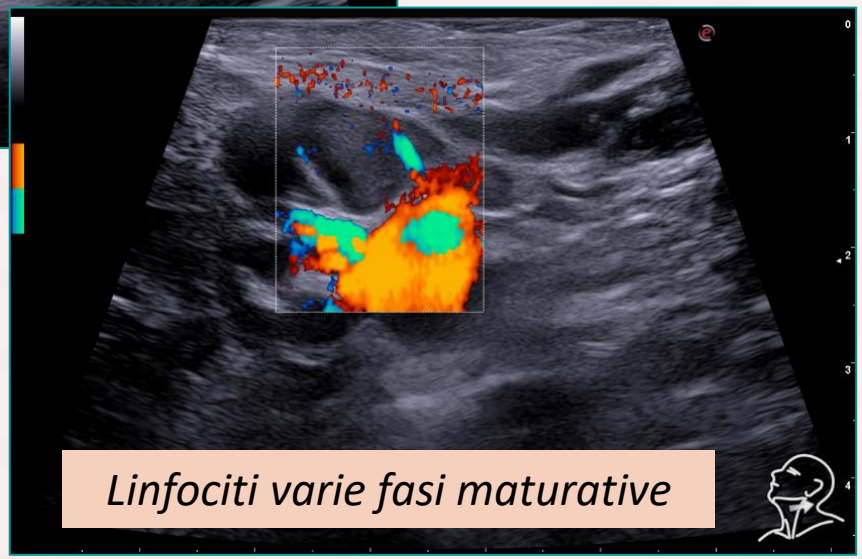
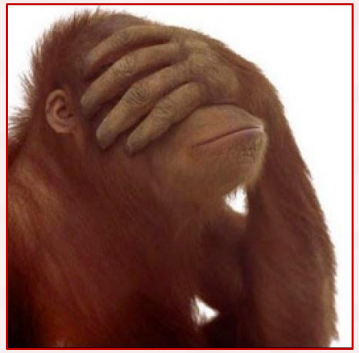
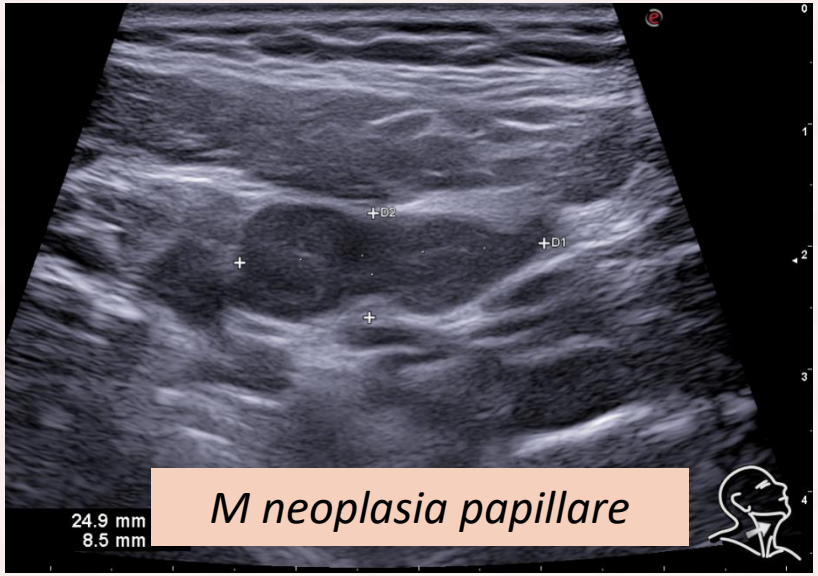




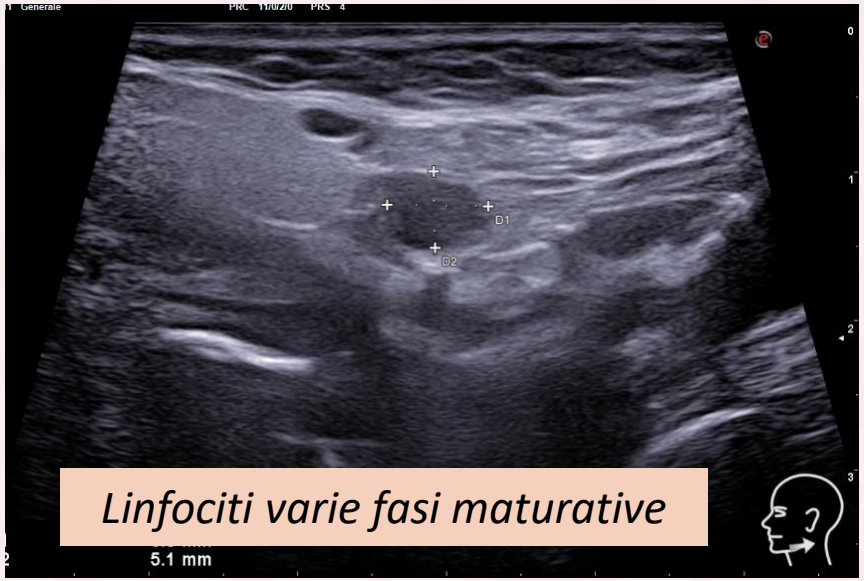
E la CEUS?



Linfonodi patologici?



M neoplasia papillare



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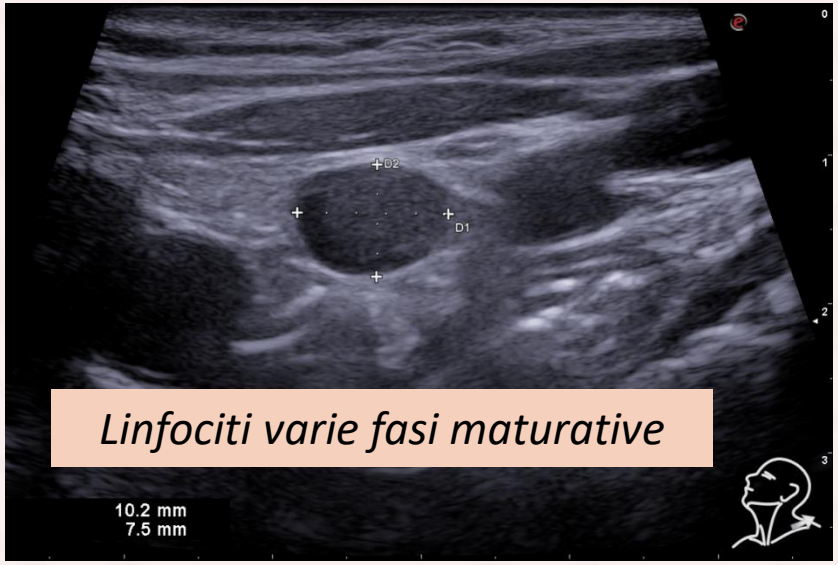

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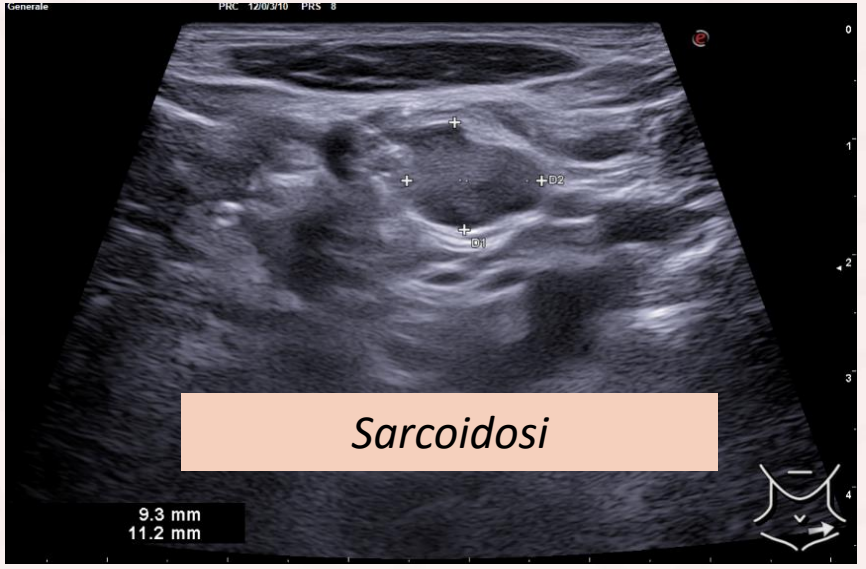
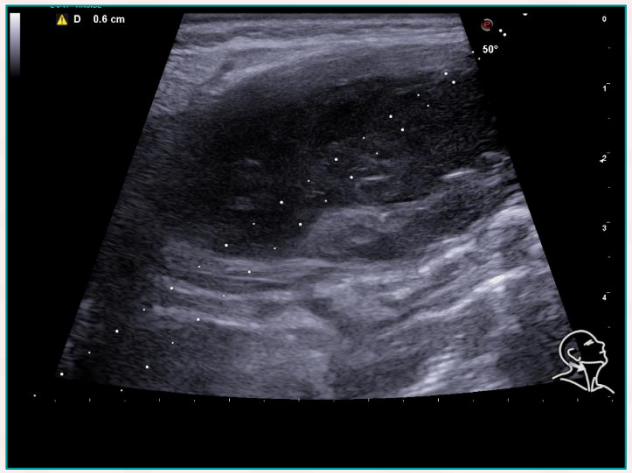


Sarcoidosi

E quindi??



FNAC

- ✓ SE 89-98%
- ✓ SP 95-98%
- ✓ OA 95-97%
- ✓ Corretta stadiazione 93%

US-guided FNAC is more accurate than blind FNAC for distinguishing metastatic and benign cervical lymph nodes, with fewer false-negative and false-positive findings.

FNAC o CNB?

TABLE 4 | Diagnostic efficacy for lymph nodes in the two groups.

	FNA group	CNB group	*P* value
Diagnostic accuracy	81.0% (34/42)	100% (42/42)	0.009
Sensitivity	79.2% (19/24)	100% (29/29)	0.035
Specificity	100% (18/18)	100% (13/13)	–

CNB, core needle biopsy; FNA, fine needle aspiration.

Comparison of Ultrasound-Guided Core Needle Biopsy Under the Assistance of Hydrodissection With Fine Needle Aspiration in the Diagnosis of High-Risk Cervical Lymph Nodes: A Randomized Controlled Trial

Dengke Teng[†], Chunhui Dong[†], Daju Sun[‡], Zhuo Liu[*] and Hui Wang[†]